

Screening is generally looking for cancer and medical disease.

#### Cancers we screen for

Currently, there are only **four cancers** for which screening is recommended. Grade for practice is included in parentheses.

For **colon cancer**, a **colonoscopy** is the preferred screening tool. **Fecal immunochemical test (FIT)** is more specific than guaiac-based testing as it only detects globins that are present (not seen in foods and already digested in upper GI bleeds, but they're effectively the same, FIT = FOBT for you).

In 2016, **breast cancer** screening recommendations were changed. Testing at 40 years is still an option (Grade C) after discussion with patient (taking into account false positives, stress/anxiety of screen, family hx). The benefit of screening seems to be higher for those in their **50s and 60s**.

**Lung cancer** screening with a **low dose CT scan** is a fairly new recommendation; it only applies to individuals with a **30 pack year** cigarette history within the last 15 years.

**Cervical cancer** continues to **start screening at 21** even as that age group fills with women that have the HPV vaccine. Can space out to every 5 years if combined with HPV testing at age 30.

#### Cancers we don't screen for

We don't screen for other cancers because a) we don't have a screening tool that is cost effective or b) improves mortality. Most notable is **prostate cancer**. It was previously screened annually by PSA + digital rectal exam. However, the USPSTF changed its recommendation a few years back as there's minimal benefit given the potential harm. Most men die with prostate cancer – not from it. Another example is **ovarian cancer** in average risk patients. The only screen we have finds it too late – at stage 3 or worse – so there's no benefit.

#### Medical diseases we screen for

The table below has the medical diseases that are screened for. In order to get these questions right on the test, you have to identify the person who needs the screen and how to do it. The most likely ones to show up are the one time screens: hepatitis C, osteoporosis, and AAA.

Dz	Age	Screen
AAA	♂ 65-75 yrs + smoke	One-time U/S of abdominal aorta
Osteoporosis	♀ 65 yrs (B) and ♂	DEXA scan (one-time if normal)
Hepatitis C	Adults born between 1945-65 (B)	One-time antibody screen
HIV	15-65 yrs (A)	One-time rapid test, repeat if ↑ risk
Hypertension	Everybody (A)	Check BP (every time)
Diabetes	HTN (B)	A1c
Cholesterol	♀ 45 yrs (A) and ♂ 35 yrs (A) Start at 20 yrs for both if high risk (B)	Fasting lipid panel q5 yrs
Depression	Everybody (B)	PHQ, EPDS, etc.

#### Grading Scale

- A = Definitely do this
- B = Probably do this
- C = Probably don't do this
- D = Don't do this
- I = Insufficient evidence

Cancer	Age	Screen
Colon	50-75 yrs (A)	Colonoscopy q10 yrs OR Flex Sig q5 + FOBT q3 yrs OR Guaiac FOBT q1 yr
	>75	If they're doing great otherwise
	>85	Stop no matter what
Breast	Start 40 (C) Start 50 (B)	Mammogram q1y Mammogram q2y
	Stop > 75yrs	
Cervical	21-65 yrs (A)	Pap Smear q3 yrs OR HPV + Pap q5 yrs (over 30)
	65	If abnormal keep going
Lung	55-80 yrs + 30 py +	Low dose CT q1y Or
	Quit < 15 yrs (B)	15y from quit

#### Don't routinely screen for these cancers

Grade D = ovarian, prostate, testicular, pancreatic

Grade I = skin, bladder, oral

#### 2015-2016 significant changes

Thyroid dysfunction screening now Grade I

Visual acuity screening in 65+ yrs now Grade I

\*These recommendations are based on the latest U.S. Preventive Services Task Force (USPSTF) guidelines as of 12/2016.  
Everyone has different reqs, but standardize with these. We strive to keep this document up to date but all recs can be found [here](#).

#### Screen

One-time U/S of abdominal aorta
DEXA scan (one-time if normal)
One-time antibody screen
One-time rapid test, repeat if ↑ risk
Check BP (every time)
A1c
Fasting lipid panel q5 yrs
PHQ, EPDS, etc.